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1966-1986

Medicare Reference Chart
1966—1986
Part A—Hospital Insurance
Deductible and Coinsurance Amounts[1]

FOR BENEFIT PERIODS BEGINNING IN	INPATIENT HOSPITAL **2**			SKILLED NURSING FACILITY	HOME HEALTH AGENCY	BLOOD
	FIRST 60 DAYS	61ST THRU 90TH DAY	60 LIFETIME RESERVE DAYS (NON RENEWABLE)	21ST THRU 100TH DAY	UNLIMITED VISITS **3**	
	DEDUCTIBLE	COINSURANCE PER DAY *Always equal to ¼ of inpatient hospital deductible*	COINSURANCE PER DAY *Always equal to ½ of inpatient hospital deductible*	COINSURANCE PER DAY *Always equal to ⅛ of inpatient hospital deductible*	NO DEDUCTIBLE OR COINSURANCE	DEDUCTIBLE FIRST 3 PINTS *(or equivalent units of packed red blood cells) in a benefit period*
1966	$ 40	$10	Not Covered	Not Covered		
1967	40	10	Not Covered	$ 5.00		
1968	40	10	$ 20	5.00		
1969	44	11	22	5.50		
1970	52	13	26	6.50		
1971	60	15	30	7.50		
1972	68	17	34	8.50		
1973	72	18	36	9.00		
1974	84	21	42	10.50		
1975	92	23	46	11.50		
1976	104	26	52	13.00		
1977	124	31	62	15.50		
1978	144	36	72	18.00		
1979	160	40	80	20.00		
1980	180	45	90	22.50		
1981	204	51	102	25.50		
1982	260	65	130	32.50		
1983	304	76	152	38.00		
1984	356	89	178	44.50		
1985	400	100	200	50.00		
1986	**492**	**123**	**246**	**61.50**		
1987						
1988						

HI Premiums

Effective **4**	7/73	7/74	7/75	7/76	7/77	7/78	7/79	7/80	7/81	7/82	7/83	1/84	1/85	1/86
Basic Rate	$33	$36	$40	$45	$54	$63	$69	$78	$89	$113	$113	$155	$174	$214
Basic Premium Increased by 10% For Each 12 Months of Nonenrollment														

1 For services furnished on or after January 1, 1982, the coinsurance amounts are based on the inpatient deductible for the year in which the services were furnished.

For services furnished prior to January 1, 1982, the coinsurance amounts are based on the inpatient hospital deductible applicable for the year in which the individual's benefit period began.

2 For care in psychiatric hospital—190 day lifetime limit.

3 Prior to July 1, 1981, benefits were limited to 100 visits per benefit period under Part A and 100 visits per calendar year under Part B.

4 Not applicable prior to 7/73.

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Deductible, Coinsurance and Payments

General Payment Rule for SMI Benefits:
$75 annual deductible effective January 1, 1982, ($60 from 1973 through 1981, $50 from 1966 through 1972) and 80% of approved charges. No payments for first 3 pints of whole blood or units of packed red blood cells in a calendar year (blood deductible). Following are exceptions to this rule:

Home Health Services
- From 1/1/73 through 6/30/82: $60 annual deductible
  100% of reasonable costs
- On or after 7/1/82: No deductible
  100% of reasonable costs

Provider Services and Services of Rural Health Clinics
- Annual deductible
- Reasonable costs
- Less the coinsurance amounts charged

NOTE: 1. Outpatient Physician Services for Mental Illness—
50% of approved charges
Up to a maximum of $250 in benefits per year
2. Physical Therapy Services furnished by Physical Therapists in Private Practice—
Maximum annual approved charges
7/1/73 through 12/31/81: $80 per year
1/1/82 and thereafter: $400 per year

Initial Enrollment Period

(7 months)

E-3	E-2	E-1	E	E+1	E+2	E+3	E+4	E+5	E+6
X	X	X	C						
			X	C					
				X		C			
					X			C	
						X			C

X—Month of Enrollment
C—First Month of Coverage
E—First Month of Eligibility (ordinarily month individual attains age 65 or 25th month after an individual is entitled to disability benefits)

NOTE: Eligible persons will be automatically enrolled for SMI when they first become entitled to HI

General Enrollment Period—Opportunities for enrollment or re-enrollment in SMI, are available from January 1 to March 31 of each year, with coverage effective the following July 1.
Exception: For the period 4/1/81—9/30/81 only, individuals were allowed to enroll in SMI with coverage effective 3 months later.

SMI Premiums

Effective	7/66	4/68	7/70	7/71	7/72	8/73	9/73	7/74	7/76	7/77	7/78	7/79	7/80	7/81	7/82	7/83	1/84	1/85	1/86
Basic Rate	$3.00	$4.00	$5.30	$5.60	$5.80	$6.10	$6.30	$6.70	$7.20	$7.70	$8.20	$8.70	$9.60	$11.00	$12.20	$12.20	$14.60	$15.50	$15.50

Basic Premium will be increased by 10% For Each 12 Months of Non-enrollment

Time Limit For Filing Part B Claims

Services Received	Claims Must Be Filed By
07/1/66-09/30/66	1968 (April 1)
10/1/66-09/30/67	12/31/68
10/1/67-09/30/68	12/31/69
10/1/68-09/30/69	12/31/70
10/1/69-09/30/70	12/31/71
10/1/70-09/30/71	12/31/72
10/1/71-09/30/72	12/31/73
10/1/72-09/30/73	12/31/74
10/1/73-09/30/74	12/31/75
10/1/74-09/30/75	12/31/76
10/1/75-09/30/76	12/31/77
10/1/76-09/30/77	12/31/78
10/1/77-09/30/78	12/31/79
10/1/78-09/30/79	12/31/80
10/1/79-09/30/80	12/31/81
10/1/80-09/30/81	12/31/82
10/1/81-09/30/82	12/31/83
10/1/82-09/30/83	12/31/84
10/1/83-09/30/84	12/31/85
10/1/84-09/30/85	12/31/86
10/1/85-09/30/86	12/31/87